

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

× 6060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC.7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

was 400						
Establishm	ent Name		(1 L H 513,776)	Telephone Number	Date of Ins (mm/dd/y)	
Schwars Home Service (trick # 513226)				1 012 111 2120	11/2	1- 19-269
Establishm	ent Addre	is (nui	nber and street, city, state, zip code)		1/27	120 11 207
4/1/5	Cano: He	J	Dr Nan Albay, IN 47150		' '	'
Owner	1			Purpose:	Follow-u	p Release Date
				(L. Routine.)		
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Owner's Ac	aress			2. Follow-up	Summary	of Violations:
				3. Complaint		
Person in C	harge			4. Pre-Operational	C	NC R
(7000	Letre	. S+ A			C	
Responsible				5. Temporary	Menu Tvi	pe (See back of page)
				6. HACCP	,,	
				7. Other (list)	1	
Certified Fo	ood Manag	ger		// Other (hat)	1 2 2	345
• CRITICAL LITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Corrected By
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**			_ No violations.	•		
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